Sunrise Medical eConference

Unlocking the Mystery of the new PMD Policy

December 2006

Disclaimer

This slide presentation is intended to be viewed in conjunction with an audio component and represents the highlights of the new Medicare Power Mobility Device policy. Those viewing the slides are strongly encouraged to read the entire policy.

The policy and accompanying policy articles can be viewed at www.cms.hhs.gov/mcd/search.asp

Search by:

Local Coverage → Articles (All Articles) & Policies (LMRP/LCD) → All States

Keyword Search = Power Mobility (search “title”, “all words”)

*Slides depicting product are not comprehensive of all PMD available in that code

Meeting Objectives

- Understand the new power wheelchair code system
- Understand how to qualify your client for power mobility (Local Coverage Determination)
- Understand the documentation requirements
- Understand the ***Impact*** of the changes on equipment provision
- Understand the impact of the changes on your ***client's lives***
- Understand how we can meet the challenges together

National Coverage Determination

- Effective July 5, 2005
- Algorithmic approach to determine eligibility for all MAE
  - Canes, walkers, crutches, manual and power wheelchairs, POVs (scooters)
- Equipment must be for use "in the home"
- Equipment must help client participate in mobility-related ADLs (MRADLs), such as:
  - Toileting, feeding, dressing, grooming, bathing

Final Rule For Power

- Identifies documentation and evaluation criteria for power mobility devices (PMD)
- Requires face to face examination for prescription of PMD by:
  - Physician or Physician's Assistant, Nurse Practitioner, Clinical Nurse Specialist
    - Effective April 1, 2006
- PMD order must be given to supplier within 45 days of evaluation or hospital discharge
- Evaluation of home for wheelchair access is required

Face to Face
45 Day Window

Scenario 1

- Client has face to face with MD, MD writes order
- 45-day window begins with date of MD evaluation

Scenario 2

- Client has face to face with MD
- MD refers client to PT/OT for further evaluation
- MD reads PT/OT evaluation, concurs and co-signs
- 45 day window begins with signature date

Face to Face
45 Day Window$_2$

Scenario 3

- Client has face to face with MD
- MD refers client to PT/OT for further evaluation
- Client re-visits MD for follow-up evaluation to confirm OT/PT
- 45-day window begins with date of 2nd MD evaluation

Scenario 4

- Client has PT/OT evaluation first
- MD receives written PT/OT report
- Client visits MD for evaluation to confirm OT/PT
- MD concurs/disagrees with PT/OT results
- 45 day window begins with date of MD evaluation

Doctor's Order

Order must include:

1. Client name
2. Client diagnoses that relate to need for PMD
3. Description of items
4. Length of need
5. Date of face to face visit with doctor
6. Physician signature and date of order

   Date must be within 45 days of face to face visit or concurrence with OT/PT report
7. Date of physician signature

Supporting Documentation Needed

- Physician progress notes
- **LCMP** evaluation results (PT/OT or physician with experience in mobility devices)
  - required for Group 2 SP and above
  - Effective 10/1/2006
- Additional documentation
  - Records from physician's office, hospital, nursing home or home health agency
  - Records from other health professionals
  - Test reports
- Information must be on file (KX modifier)

Supporting Documentation

- Medical history leading to need for PMD
  - Clinical progression
  - Intervention trials and results
  - If already using MAE, what has changed?
- Quantifiable physical and functional evaluation results
  - Strength, ROM, sensation, coordination impairments
  - Neck, trunk, pelvis posture
  - Sitting and standing balance
  - Transfers/Ambulation

Supporting Documentation

- Reasoning lower level MAE cannot improve or eliminate their mobility limitations
  - Description of time taken to accomplish MRADLs
  - Safety – History of falls, imbalance, coordination
- Mobility limitations solved by PMD
- Document accessibility of client's home
- Document client/caregiver safe use of PMD

Progressive Diseases

- Medicare will pay for “future needs”
  - 6-12 month “window”
- Must have definable progressive disease
- Must document “decline” of condition
- Progression justifying “near term” medical need for device or accessory

Allows use of Advance Determination (ADMC) for a patient with a progressive neurological disease not currently eligible for power seating system but documentation supports future need

CMS Power Codes
64 New Codes

- Coding by performance
- Coding by features:
  - Weight capacity
  - Portability
  - Seat type
  - Power seat options
- Basic Equipment Package included in base fee

Performance Characteristics

Group 1

- Minimum Top End Speed - 3 MPH
- Minimum Range - 5 miles
- Minimum Obstacle Climb - 20 mm
- Dynamic Stability Incline - 6 degrees

Group 2

- Minimum Top End Speed - 3 MPH
- Minimum Range - 7 miles
- Minimum Obstacle Climb - 40 mm
- Dynamic Stability Incline - 6 degrees

Group 3

- Minimum Top End Speed - 4.5 MPH
- Minimum Range - 12 miles
- Minimum Obstacle Climb - 60 mm
- Dynamic Stability Incline - 7.5 degrees

Group 4

- Minimum Top End Speed - 6 MPH
- Minimum Range - 16 miles
- Minimum Obstacle Climb - 75 mm
- Dynamic Stability Incline - 9 degrees

Group 5

- Minimum Top End Speed - 4 MPH
- Minimum Range - 12 miles
- Minimum Obstacle Climb - 60 mm
- Dynamic Stability Incline - 9 degrees
- Crash testing - Passed

Power Wheelchair Groups

Group 1 - Light Duty

Designed for **intermittent** use indoors

Group 2 - Basic Daily Mobility

Designed for **daily** use indoors

Group 3 - Complex Rehab

Designed for complex disabilities - **indoor use**

Group 4 - Complex High Activity

Designed for complex disabilities – **indoor/outdoor use**

Group 5 - Complex Pediatric

Designed for **pediatric clients**

Power Mobility Device

- Basic Coverage Criteria
  - Patient has mobility limitation that significantly impairs MRADL abilities
    - Prevents ability to accomplish
    - Can't accomplish safely
    - Can't accomplish in reasonable time
  - Limitation not resolved by cane or walker
  - Limitation not resolved by optimally configured manual wheelchair

K0800—K0808, K0812
Power **O**perated **V**ehicle

- Patient meets basic PMD coverage criteria
- Ability to independently stand and pivot : required to enter and exit a scooter safely.
- Shoulder mobility, strength and coordination: required for tiller-type control
- Trunk stability: most scooters have a captain's style seating system with little external support.
- Home is accessible to POV
- Patient is willing to use a POV

POV

Guardian Trek 3

Guardian Trek 4

Group 1

Light Duty: Designed for **intermittent** use indoors

Performance Criteria

- Minimum Top End Speed - 3 MPH
- Minimum Range - 5 miles
- Minimum Obstacle Climb - 20 mm
- Dynamic Stability Incline - 6 degrees

Power Wheelchair Supporting Documentation

- Can the patient physically use a scooter but their home environment is unsuitable for such a device?
- Clear evidence the beneficiary is unable to utilize a scooter due to:
  - Trunk balance
  - UE strength/endurance
  - Requires seating/postural support
- Needs integration of additional devices
  - Ventilators
  - AAC
  - Powered seating

Group 1 Power Wheelchair

K0813 – K0816

Coverage Criteria

- Patient meets basic PMD coverage criteria
- Patient does not meet coverage criteria for POV
- Patient or caregiver has ability to operate PWC
  - Physically
  - Cognitively
- Home is accessible to PWC
- Patient weight is within limit of device
- PWC significantly improves MRADL participation

Unwritten rule – group 1 is for intermittent use

Group 1 PMD K0816

Invacare At'm

Shoprider
Jiffy

Group 2

Basic Daily Mobility : designed for **daily** use indoors

Performance Criteria

- Minimum Top End Speed - 3 MPH
- Minimum Range - 7 miles
- Minimum Obstacle Climb - 40 mm
- Dynamic Stability Incline - 6 degrees

K0820 - K0829
Group 2 Power Wheelchair

Coverage Criteria

- Patient meets basic PMD coverage criteria
- Patient does not meet coverage criteria for POV
- Patient or caregiver has ability to operate PWC
- Home is accessible to PWC
- Patient weight is within limit of device
- PWC significantly improves MRADL participation
- Sling Seat / Rehab Seat
  - Meet criteria for skin protecting / positioning cushion

K0823
Group 2 Captains Seat

- Standard Weight Capacity

Invacare M41

Quickie Melody

Quickie Rhapsody

Quickie Freestyle

Pride Jet3 Ultra

K0822
Group 2 Rehab Seat

- Standard Weight Capacity
- Non-portable
- Can use same base as Group 2 Captain's Seat
- Rehab seat requires qualification for pressure relief and/or positioning cushion – See Medicare Wheelchair Seat Cushion Policy

K0835-K0840
Group 2 Single Power Option

Coverage Criteria

- Patient meets all above criteria
- Patient requires alternate drive control OR
  = any drive control other than standard proportional mounted at hand or chin
- Patient requires power seating system
- **Requires specialty evaluation performed by a LCMP**
- Evaluator has no financial ties to supplier

K0835
Group 2 Single Power Option

- Sling Solid Seat Back
- 300# weight capacity

Invacare M71

Quickie Freestyle M11/F11

Quickie Rhapsody

Pride Quantum 610

K0841-K0843
Group 2 Multiple Power Option

Coverage Criteria

- Patient meets all above criteria
- Patient requires power seating systems **or**
  - = Tilt and recline (combination of one system and power legs will not qualify)
- Patient requires ventilator mounted to PWC
- Requires specialty evaluation performed by a LCMP
- Evaluator has no financial ties to supplier

* **Many patients who meet these criteria will likely have diagnosis that will qualify them for group 3**

K0841
Group 2 Multiple Power Option

- 300 lb weight capacity
- Sling/Solid Seat Back

Pride Quantum
610

Quickie Freestyle
M11/F11

Multi-Infarct Dementia
K0822-Group 2 Rehab Seat

- Poor UE/LE strength, Fair ROM
- **Incontinent; grade 2 left ischial pressure sore → *skin protection cushion***
- Posture eval: post pelvic tilt, obliquity
- Poor standing balance
- **Unable to stand to perform MRADL's: bathing grooming**
  - HX of falls with walker, femur fx '02
- **Unable to propel manual wheelchair: SOB, rapid fatigue.**
  - Inadequate strength for thresholds
- **Able to perform fair pressure relief**
- **Able to drive standard joystick → *no power option***

K0835
Group 2 Single Power Option

- Bilateral above knee amputee, CAD
- Fair ROM, Poor sensation
- Posture eval: post pelvic tilt, obliquity
- **Unable to propel properly configured manual wheelchair**
- **Unable to perform pressure relief**
  → *single power option (tilt)*
- Able to drive standard joystick

Group 3

Complex Rehab : designed for complex disabilities - **indoor use**

Performance Criteria

- Minimum Top End Speed - 4.5 MPH
- Minimum Range - 12 miles
- Minimum Obstacle Climb - 60 mm
- Dynamic Stability Incline - 7.5 degrees

K0848-K0855
Group 3 No Power Option

- Patient meets basic PMD coverage criteria
- Patient does not meet coverage criteria for POV
- Patient or caregiver has ability to operate PWC
- Home is accessible to PWC
- Patient weight is within limit of device
- Significantly improves MRADL participation
- **The patient's mobility limitation is due to a neurological condition, myopathy or congenital skeletal deformity.**

Definitions

- Myopathy – disease of muscular origin
  - MD 359.0
- Neurologic condition – disease of nervous system
  - MS 340.
  - Quadriplegia 344.0
- Congenital Skeletal Deformity
  - Spina Bifida 741.0

*Detailed list of ICD 9 codes for group 3 on power mobility link www.sunrisemedical.com

K0848
Group 3 No Power Options

- 300 lb weight capacity
- Sling/Solid Seat Back

Invacare M91

Quickie Freestyle M11/FII

Quickie Rhythm

Quickie Groove

Permobil C300 PSO

K0856—K0864
Group 3 Single Power Options

- Patient meets all above criteria
- Patient requires alternate drive control or
- Patient requires power seating system
- Mobility limitation is due to neurologic, myopathic or congenital orthopedic deformity
- **Requires specialty evaluation performed by a LCMP**
  - Evaluator has no financial ties to supplier

K0856
Group 3—Single Power Option

- 300 lb weight capacity
- Sling/Solid Seat Back

Invacare TDX SP CG

Quickie Freestyle M11/F11

Quickie Rhythm M3 SC

Quickie Groove F3/R3 SC

Pride 600E

K0858
Group 3 HD Single Power Option

- 301-450 lb weight capacity
- Sling/Solid Seat Back

Invacare TDX SP CG HD

Quickie Rhythm M3 HD

Quickie Groove F3/R3 HD

Quantum 6000 HD

K0861—K0864
Group 3 Multiple Power Option

- Patient meets all above criteria
- Patient requires power seating systems **or**
- Patient requires ventilator mounted to PWC
- Mobility limitation is due to neurologic, myopathic or congenital orthopedic deformity
- **Requires specialty evaluation performed by a LCMP**
- Evaluator has no financial ties to supplier

K0861
Group 3 Multiple Power Option

- 300 lb weight capacity
- Sling/Solid Seat Back

Invacare
M91

Permobil
C300-CS1

Quantum
6000

Quickie
Rhythm M7

Quickie
Groove F7/R7

Quickie Freestyle
F11

Danielle

- Cerebral Palsy → neurologic condition
- Poor volitional control – movements dictated by tone/reflexes
- Poor motor control UE, LE trunk
- Unable to perform pressure relief
- Unable to drive using standard joystick control – good progress with switches

K0856 Group 3 SPO

- Requires expandable electronics for switch control
  - E2399 – expandable electronics
    - E2377 specific for expandable electronics in effect jan 1, 2007
  - **Unable to manage handcontrol** → *single power option*
- **E2322 -** Power wheelchair accessory multiple mechanical switches
- **E2607** – Skin protection and positioning cushion

K0856 Group 3 SPO

- DX: Guillian Barre → ***neurologic condition***
- Unable to propel manual wc
- Strength 1/5 LE 3/5 UE
- Fair sitting balance
- Unable to do pressure relief → ***single power option***
- Transfers via “stand pivot”

*revisions to LCD no longer prevent patients who perform version of stand pivot transfer from group 3 chairs

Kevin

- C5 Quadriplegia → *neurologic condition*
- ROM WFL
- Trunk/LE strength 0/5
- Biceps 4/5
- Wrist/ triceps 0/5
- Transfers via transfer board
- Absent sensation
- Unable to perform pressure relief → *single power option*

K0856
Group 3 Single Power Option

- **E1002**- power tilt
- **K0737** - adjustable skin protection & positioning cushion
  - Jay 2 cushion
  - ICD-9: 344.1

K0868—K0886
Group 4

- Wheelchair has added capabilities that, by Medicare's definition, are **not necessary for use in the home**
- **Performance Criteria**
  - Speed 6.0 mph
  - Curb climb 75mm
  - Range 16 miles
  - Ramp transition 9˚
- Payment will be based on least costly alternative that will meet medical needs of patient

State government agencies, including Medicaid, are required to consider community mobility needs. Most are NOT bound by Medicare's "in the home" restriction.

In addition, private insurers are NOT bound by the in the home restriction

Unfortunately, ADA compliance doesn't exist everywhere…

Outside The Home

- School
- Work
- MRADL's
  - Grocery
  - Pharmacy

K0868
Group 4 No Power Option

- 300 lb weight capacity
- Sling/Solid Seat Back

Invacare 3G
Arrow

Permobil
C500

Quickie Rhythm
M4 BD

Quickie Groove
R4 BD

K0877
Group 4 Single Power Option

- 300 lb weight capacity
- Sling/Solid Seat Back

Invacare
Torque SE

Quickie Rhythm M4

Quickie Groove F4/R4/R5

Sonny

- **Diagnosis: Spastic Cerebral Palsy**, flexion
- Contractures B/L UE's and B/L LE's
  - Extremely high tone
- R pelvic obliquity
- Scoliosis
- Unable to perform weight shift → power tilt
- Scissors LE for motor control, L UE secured with positioning belt for increased stability
- Cognition intact
- Independent PWC user for years
  - Independent during day
  - Active in community
  - Travels over varied terrain
- Apartment accessible for power
- **PMD requirements**
  - Durable, reliable motors
  - Suspension for tone management
  - Durable frame and components to withstand high tone

K0877 Group 4 SPO

- K0877 Group 4 SPO
  - Necessary for outdoor mobility
- E2399 expandable electronics
  - Required for specialty control use
- E2399 - expandable electronics
  - Requires specialty proportional device mounted at foot
- E1002 - power tilt
  - Pressure relief
- E2310 – Thru drive control power seating
  - No available switch site other than joystick
- E0978 – positioning belt

Sara

- Multiple Sclerosis
- UE strength 1/5
- LE strength 0/5
- Absent sensation
- Skin breakdown – unable to perform pressure relief → power tilt
- Unable to drive using standard joystick control
- Catheterizes in chair → power recline

K0884
Group 4 MPO

- K0884 Group 4
  - Works in community
  - Wheelchair used as transportation to grocery, pharmacy
- E2399 - expandable electronics
  - Allow use of alternate joystick
  - Unable to manage hand control
- E2399 – Mini joystick, proportional
- E2311 – Thru drive control > 2 functions
  - Unable to manage separate toggle
- E1007 - power tilt and recline with shear reduction
- E1010 - power ELRs

Group 5 K0890 &K0891

K0890

- Patient meets basic PMD coverage criteria
- Patient is expected to grow
- Specialty evaluation was performed by a LCMP or physician who has specific training/experience
- Patients meets power seating coding criteria or alternate drive device criteria (SPO)

K0891

- Above and …
- Patients meets multiple power seating criteria or requires ventilator (MPO)

Code specifies ≤125lbs weight capacity

What is Sunrise Doing To Help ?

- Rita Hostak – VP Government Relations
  - NCART President
- Dr Robert Hoover –SVP Global Clinical Services
- Sunrise Medical Reimbursement Services
  - Mon – Fri, 8AM – 6PM EST
  - 1-800-333-4000 or e-mail from our web site
  - Staffed by the Orion Group
    - www.orionreimbursement.com
- Power Coding Update – www.sunrisemedical.com
  - Quick Links power funding information

Helpful Websites:

- NCART – www.ncart.us
- www.complexrehab.org
- AA Homecare - www.aahomecare.org

Regulatory Websites

DME MAC

- Region A www.medicarenhic.com
- Region B www.adminastar.com
- Region C www.cignagovernmentservices.com
- Region D www.noridianmedicare.com

DME PSC

- Region A & B www.tricenturion.com
- Region C www.trustsolutionsllc.com
- Region D www.edssafeguardservices.eds-gov.com

Regulatory Information

- www.cms.gov
- SADMERC - www.PGBA.com
  - Click on "Other Partners“ → “SADMERC”→ “Product Classification Lists”
  - Click on “Providers” → “DMERC” → “Manuals”

Reference "Tools" from Quickie

- www.sunrisemedical.com
  - Click the Power Coding Update Button on the Home Page
    - NEW Quickie Power Wheelchair Reference Guide (part number 102277)
      - LCD Algorithm
  - PMD Documentation Requirements
    - One page review of necessary documents and timeline
  - Interactive Tutorial on the new PMD Policy (*CD part number 102542*)

To request the items above be sent to you:

contact our Customer Service

1-800-333-4000

Reference the part numbers provided